

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126769

FILED
Feb 02, 2009
Secretary of State

Entity Name: DECRUISE MENTAL HEALTH GROUP, L.L.C.

Current Principal Place of Business:

16969 NW 67TH AVE, STE 205
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

16969 NW 67TH AVE, STE 205
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 51-0660758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECRUISE, MARY D DR.
1490 SW
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

DECRUISE, MARY D DR.
1490 SW 164 AVE
PEMBROKE PINES, FL 33027 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DECRUISE, MARY D DR.
Address: 16969 NW 67TH AVE, STE 205
City-St-Zip: MIAMI, FL 33015 US

Title: MGR () Delete
Name: DECRUISE, CARYLE
Address: 16969 NW 67TH AVE, STE 205
City-St-Zip: MIAMI, FL 33015 US

Title: MGR () Delete
Name: MOULTRIE, PEARLIE M
Address: 16969 NW 67TH AVE, STE 205
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY DECRUISE

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date